

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State ☐ Fee ☒
5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- 2. Name of Operator Amoco Production Company 3. Address of Operator 501 Airport Drive Farmington, NM 87401 4. Location of Well UNIT LETTER P 1200 FEET FROM THE South LINE AND 1000 FEET FROM THE East LINE, SECTION 6 TOWNSHIP 31N RANGE 10W N.M.P.M. 15. Elevation (Show whether DF, RT, GR, etc.) 5831' GR	7. Unit Agreement Name 8. Farm or Lease Name Higgins Gas Com "A" 9. Well No. 1 10. Field and Pool, or Wildcat Mt. Nebo Fruitland 12. County San Juan
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Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Cancel the Well	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Amoco Production Company would like to cancel the application dated 9-30-83 for the subject well.

RECEIVED
OCT 12 1984
OIL CON. DIV.
DIST. 3

ABANDONED LOCATION

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Original Signed By

SIGNED B. D. Shaw TITLE Admin. Supervisor DATE 10-8-84

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: